

THE COUNCIL ON EVANSVILLE STATE HOSPITALS`

FINAL REPORT TO THE OFFICE OF THE SECRETARY AND THE GENERAL ASSEMBLY

December 12, 2013

The Council on Evansville State Hospitals

The members of the Council on Evansville State Hospitals first started meeting in June 2010 at the recommendation of Senator Becker. The Council informally met for a year and in July 2011 the Council was officially created by language authored by Representative Crouch which was signed into law by Governor Daniels.

The Council`s task is to review the following:

1. The mental health and addiction services available to children in the Evansville area.
2. The quality of care to patients in the Evansville state hospitals.
3. The utilization of the Evansville state hospitals.

The most significant task of the Council is to determine the viability of the Evansville Psychiatric Children`s Center (EPCC) and the Evansville State Hospital (ESH) and make a report to the General Assembly. The Council`s authority ends on December 31, 2013.

The Council`s official members include the following:

1. Chairperson Judge Brett Niemeier
2. Senator Tomes (R)
3. Senator Hume (D)
4. Senator Becker (R)
5. Representative Crouch (R)
6. Representative Riecken (D)
7. Steve McCaffrey of Mental Health America
8. Steven Luzader, a therapist at Deaconess Cross Pointe
9. Lynn Kyle, Executive Director of Lampion Center
10. John Browning, former CEO of Southwestern Healthcare
11. Lottie Cook, Superintendent of the Evansville Psychiatric Children`s Center
12. Kevin Moore, Director of the Division of Mental Health & Addiction
13. Cathe Fulcher, Superintendent of the Evansville State Hospital
14. Dan Davis, parent of a child who completed treatment at the EPCC

The Council also receives regular assistance from Department of Children Services- Vanderburgh County Director Shirley Starks, Cathlin Gray, associate superintendent of the Evansville Vanderburgh School Corporation, Linda Evinger, clinical assistant professor of nursing at the University of Southern Indiana, and a host of others as their schedules permit.

The Evansville Psychiatric Children's Center

The EPCC was opened in 1966. It is the only state hospital designed and built just for children. In the past eight years 145 children have been admitted or an average of 18 children a year. Since 2008 the length of stay has decreased from 10-12 months to 6-8 months. This decrease was due to implementing the newest available research on how to effectively treat the complexity of disorders presented by these children. Reactive attachment, post traumatic stress, obsessive-compulsive, mood disorder, oppositional defiance and anxiety disorders are all treated at the EPCC. 36% of the children at the EPCC suffer from at least four disorders.

75% of the children served at the EPCC have already had prior hospitalizations. 10% have already been treated at a Private Residential Treatment Facility (PRTF). While southern Indiana utilizes the facility more than the rest of the state, in the last two years ten different mental health centers around the state have referred children to the EPCC.

EPCC and children mental health recommendations:

1. The first and most significant recommendation of the Council is that EPCC should remain open. After hearing from parents, community providers, and two mental health center directors, there is no question that the EPCC provides a valuable and necessary level of care. Nobody who appeared before the Council thought that closing the facility was in the best interest of children, families, or our State's system of care. It is apparent to the Council that no matter how strong outpatient services and acute care services are, there will always be a need for inpatient hospitalization for children with the most complex and severe mental health conditions. Hospitalization needs to be an available option for mental health care, just as hospitalization is needed at times for a person's physical health.
2. The State's gatekeeper system needs a full review. The EPCC has 28 beds for children but utilization seems to be artificially low. The Council has identified several reasons for the EPCC's apparent underutilization. First, the State's gatekeeper system, unique to mental health medicine, requires that all cases be reviewed by the local mental health center before being evaluated by the EPCC admission staff. This can be a cumbersome and time intensive process. On many occasions a family has sought extensive out-patient services and had several acute stays, but when they are finally directed to their local mental health facility they basically start over with a new therapist and psychiatrist. These professionals then have to try to get up to speed on the case and might retry things that have already failed. This is frustrating for families and in most cases counterproductive. Direct referrals, which are used in a community hospital setting, could be the answer to this problem, but that also poses several problems. The Council determined the best solution to this

issue was to allow the EPCC to have a diagnostic component to their facility. Ideally this would be a short inpatient stay. It could also be a natural progression from acute stays that many families use for emergencies.

Even in cases where the gatekeeper system is understood, the process and paperwork lead to significant barriers preventing families from quickly accessing essential care at EPCC.

Understandably there is a requirement of a lot of documentation to be provided to the mental health center prior to review and admission, unfortunately this presents an incredible burden on a family who already has tremendous emotional burdens and systems' burdens being placed on them. The Council recommends that a new emphasis should be placed on removing the barriers that families face in gaining access to the EPCC and other facilities. An independent program should be developed to assist families in acquiring documents and assisting them in navigating the mental health system.

3. The EPCC admission criteria need a full review to determine if it can be expanded to appropriately meet the needs of more children. For instance, only children from ages of 5–13 are currently able to be admitted, but there are many teenagers that also need intensive mental health services in southern Indiana. Another example of children not meeting the criteria for the EPCC are children with low IQs. Many other children with a variety of other disorders are also not eligible. The Council believes that a comprehensive study should be completed to determine whether other children in need should be allowed to receive services at the EPCC. This study would have to include assessing the physical/structural needs of the facility.
4. A continuum of care is needed for better outcomes. The Council is convinced that the underutilization of the EPCC is not due to a lack of need, but rather a lack of seamless care in a mental health system which creates barriers for children to receive adequate care, including treatment at the EPCC. The most significant gap that the Council has identified for southern Indiana is the lack of services between emergency acute care and longer term intensive mental health care offered at the EPCC. Evansville is fortunate to have Deaconess Cross Pointe which accepts children in emergency situations. Unfortunately, Medicaid only covers a child for 3-7 days in these circumstances. Many children cannot be fully assessed and stabilized in this short period of time. Children are typically released home, and on many occasions return to Cross Pointe time and again until hospitalization at the EPCC is approved. The trauma being caused to these children and families by repeated stays in an acute unit just adds to the children's short term and long term issues and diminishes treatment outcomes. The lack of seamless care is not unique to Evansville. Every community differs on the level of services provided by mental health. Some communities may not have acute care, but rather a PRTF. Some communities have wraparound services while others do not. These inconsistencies ultimately affect the care for children and the usage of the EPCC. Tied directly to the inability for children to receive the proper treatment is Medicaid coverage. An extensive study of the services and the reimbursement rates for mental health services in the Medicaid system is needed. Medicaid eligibility practically runs mental health treatment and there are countless improvements that could be made.

5. EPCC should become a comprehensive diagnostic center, allowing for thorough evaluations to be completed by a multi-disciplinary team, including the child's regular psychiatrist and therapist. A thirty to sixty day stay should be considered to allow for expert evaluation, medication review, and treatment recommendations which might avert multiple admissions to an acute unit, avoid some stays at PRTFs, and possibly reduce the admissions and length of stays at the EPCC.
6. The EPCC should add the role of aftercare/transitional services for their patients. Currently, once a patient is discharged the child normally goes to the local mental health center to receive aftercare services and has to switch back to their regular psychiatrist. Thirty to sixty days of aftercare services through the same treatment team and the child's regular psychiatrist could make for a better transition, thus better outcomes. One of the issues limiting this possibility is Medicaid. As previously stated Medicaid eligibility must be reviewed to enhance treatment options and to receive better outcomes.

The Evansville State Hospital

The ESH was opened in 1890. It is one of the five state hospitals currently serving Severely Mentally Ill (SMI) adults in Indiana. A completely new facility was opened in 2003 with a 168 patient bed capacity. 66% of the patients are male and 34% are female. Currently, 75% of the patients have a Community Health Center as their gatekeeper, 23% have the Division of Mental Health as their gatekeeper and 2% have the Bureau of Development Disabilities as their gatekeeper. 64% of the patients have a Schizoaffective/Schizophrenia diagnosis. Evidence Based Treatment is provided by an interdisciplinary team. Over 50% of the patients admitted over the last three years stay just over one year. The ESH is Joint Commission accredited and CMS certified. The Joint Commission recognized ESH as a "Top Performer on Key Quality Measures" in 2012.

ESH and adult mental health recommendations:

1. Better coordination and cooperation between gatekeeper systems is needed. On many occasions due to individuals having dual diagnosis, service providers claim they are not the best agency to provide treatment and care for the individual, thus this individual falls through the cracks. While all service agencies are struggling with financial and capacity issues, the end affect is very poor services or no services for many people who have the greatest needs. This issue has been a long standing issue for our State and must be resolved. Silos must be torn down or a totally new approach of combining agencies should be considered.
2. Better coordination and relationship building between State operated facilities and the corporations that provide long-term nursing home care is needed. On many occasions State Hospital residents have more physical needs than mental health needs in the latter stages of

life. Unfortunately, for a variety of reasons/issues nursing homes are very reluctant to accept these residents. These issues need to be addressed, so that better relationships and partnerships could develop to assist in allowing these special residents a lesser restrictive environment.

3. Indiana's Money Follows the Person (MFP) should be expanded. The seriously mentally ill adult population encounters many barriers when being discharged from the ESH. MFP has been expanded to children and adolescents, but fails to assist many mentally ill adults. The MFP has been highly successful and provides unique services which, if expanded, could greatly assist the mentally ill.
4. A mental health advocate program would benefit people to be able to navigate the various mental health services offered to adults. Most individuals understand how to get assistance for a physical ailment, but seeking treatment in the mental health field can be extremely frustrating and complex due to differing agencies involved. Case management, wraparound services or other programming could assist individuals and families to get the services they need. More funding, including discretionary funding, would assist local communities to develop and meet their unique needs.
5. The bed allocation matrix currently used for state hospital beds is no longer needed. With the census at the state hospitals continuing to decline the allocation system is not needed and wastes time and energy. There remains an obvious need for State Hospitals including the ESH, but bed allocation can be handled in a much simpler manner in today's world.
6. Too many individuals are being incarcerated due to their mental illness and once incarcerated their needs are not being met. No one doubts that more and more mentally ill people are being incarcerated due to more individuals being given the opportunity to live in lesser restricted environments; inevitably some of these people have contact with law enforcement and end up in jail. Much better coordination between mental health and law enforcement needs to take place. More Mental Health Courts should be created or prioritizing individuals with mental health needs should take place in the criminal justice system.

Further observations:

In addition to identifying the above issues the Council notes that there was no concern about the quality of care at either the EPCC or the ESH; both facilities are well run and the patients receive excellent care.

The Council did not access the addiction services available to teenagers in the Evansville area, but will note that Southwestern Behavioral Healthcare does offer an out-patient teen matrix program,

which is the only teen treatment program in the area. The program is essential to the area as it is used by families and the Courts. The Council did not assess the viability of having a teen residential program in the area, even though the Juvenile Court frequently has to place delinquent teenagers outside of Evansville for substance abuse treatment.

Lastly, all of the above recommendations are a result of a consensus of the members of the Council. The Council fully appreciates that some of the recommendations might take time to study and implement, but any long range plan must have a starting point. While some of the recommendations are written as if they only apply to the EPCC, it is clear that most of the recommendations actually apply to the entire State of Indiana's mental health system. Indiana ranks thirty-fifth in the country on money spent per capita on mental health treatment. Continuum of care, revamped Medicaid regulations, easier access, aftercare services and expanding services are needed in Southern Indiana and throughout the State of Indiana.

Respectfully submitted,

Brett J Niemeier, Vanderburgh County Superior Court Judge- Juvenile Division

Chairperson of the Council on Evansville State Hospitals